

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | E/H | | 04-17-01 |
| O.I.P.E. CLASSIFIER | QH | 1020 | 5/7/01 |
| FORMALITY REVIEW | TZ | 993 | 02/23/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 - Restricted O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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